

**FINANCIAL POLICY FORM**

**Your insurance coverage is a contract between you and your insurance company.** Please present your insurance card each time you visit to ensure we have the proper filing information to submit claims. Otherwise your visit may not be covered, and you will be responsible for payment.

**Payment is due at the time of service.** For your convenience, we accept cash, check or credit card; however, if you are a new patient only cash or credit is accepted on your first visit. Copays and deposits towards deductibles are collected before the appointment.

We verify your insurance before every visit, however verification of benefits is NOT a guarantee of payment. You may have a deductible in your insurance policy. **A deductible is the amount that your insurance company requires you to pay out of pocket for medical expenses before the insurance company will pay for medical expenses.** The deductible amount is not decided by Frederick Foot and Ankle, it is determined by your contract with your insurance company. The following is the policy of Frederick Foot & Ankle regarding deductibles. The same values apply for self-pay patients:

- If you are a new patient or have not been seen in our office in the past 3 months, and you have a deductible that exceeds \$200, you will be responsible for paying a \$200 deposit before you see the doctor.
- If you are a current patient, seen in the office within the last 3 months, you will be responsible to paying a \$75 deposit before you see the doctor.
- If your visit exceeds the \$200 deposit paid for new patients, or \$75 for existing patients, you will be responsible for the remaining balance upon checking out after you see the doctor. The remaining balance will be an **estimate** of the allowed charges for the day. This estimate is based on our current contract with your insurance company and the fee schedule they have provided us. It is not guaranteed by the insurance company to be 100% accurate. If there is a balance or credit on your account, you will be informed.
- This policy will apply until your deductible has been met.
- If your insurance automatically pays your deductible from your HSA account, you will be refunded the credit balance on your account after your insurance has processed the claim for the visit, and you have no other balance due on your account.

Some insurance companies have a separate deductible for Durable Medical Equipment (DME). If your insurance company has notified us of this specific deductible, the staff will notify you.

Co-insurance will be due in full at time of service. **Co-insurance is the percentage of charges your insurance company expects you to pay out of pocket.** Co-insurance will be collected on an **estimate** of charges for each appointment. This estimate is based on our current contract with your insurance company and the fee schedule they have provided us. It is not guaranteed by the insurance company to be 100% accurate. If there is a balance or credit on your account, you will be informed.

If it becomes necessary to send you a patient balance statement, payment in full is due within 30 days of the date posted on the statement. If you have any questions or dispute the balance, it is your responsibility to contact our billing office within 30 days. Past due accounts will be subject to a late fee of \$20.00 per month and may be referred to a credit bureau and/or collection agency. If your account must be forwarded to a collection service and/or an attorney because of nonpayment, you will be responsible for all collection fees and/or attorney fees charged for these services.

If you have an HMO policy that requires referrals, **it is your responsibility to obtain a referral for every visit** from your primary care physician.

**If an appointment is missed without any notice to the office, your account will be charged \$40. If you are more than 15 minutes late to an appointment, you will be asked to reschedule.**

Completion of disability/work/school paperwork has a \$30.00 preparation fee and all paperwork will be completed in the order received, no longer than 7 business days.

**Medical Records:** Medical records can be copied for patients at the cost of \$0.76 per page plus actual postage and handling costs. There is a flat processing fee of \$10.00 for copying x-rays. **One-week notification is needed to copy any medical records** or x-rays and proper paperwork must be completed in order to receive your records. For all facilities requesting medical records, other than another physician, there will be a \$22.88 preparation fee plus \$0.76 per page, as well as shipping and handling. You may also access your own patient records through the patient portal. Inquire about the portal at the front desk. These fees may be superseded by the most current fee schedule as allowed by MD law Health General Section 4-304.

Returned checks will be charged \$40. If your check is returned, we reserve the right to only accept cash or credit card for payment.

Self-pay items are non-refundable and non-returnable. Insurance covered items fall under the 10-day return policy, which is posted in each treatment room.